



# City of San Bruno

Application for Water, Wastewater and Garbage Service

Account Number: \_\_\_\_\_ - \_\_\_\_\_

Start Service Date: \_\_\_\_\_

Service Address: \_\_\_\_\_  
(NUMBER) (STREET) (UNIT #)

New Phone Number: (650) \_\_\_\_\_ - \_\_\_\_\_

RENT / OWN (CIRCLE ONE)

Name \_\_\_\_\_  
(FIRST) (LAST)

CA. Driver's Lic.# \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*If different from Service Address*

Employer Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Work phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Spouse or Roommate: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Address: \_\_\_\_\_

NUMBER OF HOUSEHOLD OCCUPANTS: \_\_\_\_\_

Declaration: I agree to accept responsibility for service at the above requested location. I understand that payments are due 21 days following each billing cycle and failure to make payments on time will result in remedies authorized by City's Municipal Code including, but not limited to, delinquent penalties, service interruption and/or termination. I understand the water meter is the property of the City of San Bruno and tampering with the meter is subject to fines, penalties, and criminal prosecution. I agree to abide by these and all other regulations approved by the City Council and I certify the information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

DEPOSIT AMOUNT: \$ \_\_\_\_\_ CHECK / CASH / VISA

ACCESS CODE: \_\_\_\_\_

GARBAGE CODE: \_\_\_\_\_

NEW ACCT. SETUP FEE: \$10.00 CHECK / CASH / VISA / BILL

METER NUMBER: \_\_\_\_\_

# OF CONTAINERS: \_\_\_\_\_

SERVICE ACTIVATION FEE: \$30.00 CHECK / CASH / VISA / BILL

METER READING: \_\_\_\_\_

BACKYARD SERVICE: \_\_\_\_\_

AFTER HOURS ACTIVATION: \$30.00 CHECK / CASH / VISA / BILL

# OF DWELLING UNITS: \_\_\_\_\_

FIXED GARB. AMT: \_\_\_\_\_

EMPLOYEE INIT: \_\_\_\_\_ DATE: \_\_\_\_\_

SEWER CODE: \_\_\_\_\_

FIXED ADDITIONAL: \_\_\_\_\_

Residential - Service Application.wpd